

Mar. 14. 2007 11:20AM

RECEIVED
CENTRAL FAX CENTER

No. 0075 P. 1

MAR 14 2007



GRACE HEALTHCARE

2201 SOUTH STERLING STREET
MORGANTON, NORTH CAROLINA 28635
TELEPHONE: 828-580-5000
FAX: 828-580-5039 - PATIENT FINANCIAL SERVICES
FAX: 828-580-6859 - MEDICAL RECORDS

To MR. Danton Demille.
Thanks once again.

FACSIMILE TRANSMISSION COVER SHEET FOR MEDICAL RECORDS

DATE/TIME: 3/14/07

TO: United States Patent + Trade FAX NUMBER: (571)-273-8300
HEALTHCARE PROVIDER/FACILITY: _____

FROM: GRACE HOSPITAL- MEDICAL RECORD DEPARTMENT

FAXED BY: Shirley Benson Number of pages (including cover sheet): (3)
Call (828) 580-6887 if you did not receive all pages of this fax.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Medical Record Number: _____

Written patient authorization received prior to transmission? ☐ yes ☐ no

If no, reason:

☐ Physician request for record (Grace Hospital physicians only)

☐ Other: _____

Information Sent: (circle specific portions of record released)

DS, H&P, Op note, path report, face sheet, ER report, x-ray, labs, EKGs,
progress notes, other: _____

RECIPIENT

NOTE TO RECIPIENT: *** Sign and date the statement below to verify receipt of records. Fax to the number indicated at the top of the cover sheet. Thank you.

I received the records and total pages as noted above. I also understand the information is confidential and redisclosure of this information is prohibited unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.

Date _____

Signature of Recipient _____

Title _____

fshareverfax.frm

RECEIVED
CENTRAL FAX CENTER

MAR 14 2007

PTO/SB/21 (09-08)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/629,996
	Filing Date	
	First Named Inventor	Shirley Benson
	Art Unit	3771
	Examiner Name	Danton Demille
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: This is in response to signature of Remarks page.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	THE BENSON Birthing ROPE.	
Signature	Shirley Benson	
Printed name	Shirley Benson	
Date	3/14/07	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	Shirley Benson	
Typed or printed name	Shirley Benson	Date 3/14/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

Remarks

Applicant notes that as we discussed in our telephone conference each one of the references cited by the Examiner discloses an exercise device and only works the abdominal muscle. Except Freyman which is clearly for stabilization. In the field of medicine as we discussed we can no longer tie patients down not even for their own safety without a doctors order. So even his device would be considered obsolete. Freymans device would still cause the patient to push in their face and not in their peineum or rectal area where it is needed to help with delivery. Please reconsider that the wording has been changed to fit what the rope actually does and that the loops aren't for anything except to keep me as a nurse to keep from handing it to my patient a hundred and fifty times. I am sending you a drawing that I give to some of the mothers in our child birth classes that wish to try the rope to better understand where her hands go. Please reconsider my patent. It simply redirects their pushing efforts. No New matter has been added the wording from abdomin to perineal and rectal areas have been changed. Thank you for your time.

Shirley Benson R.N.
Shirley Benson R.N.